## Riverside Police Department CA0331300

## SUPPLEMENTAL REPORT

CA0331300				3011	LLIVI	LIVIA	_ 1\_	Οιτι	<u> </u>					05-10-		
1. Original File No.	2	3	. Off. ID	4. NPC	5. Crime	-Ct.	6. Crin	ne-Ct.	7. Crim	e-Ct.	8. Date / Tir				9. Day	
P11-068393			1084	W			<u> </u>		<u></u>		05-10-				2	
10. <u>Date</u> / Ti me Assigned	11. Date / Time	Inv. Star	rt	12. Dat	te / Time In	v. Term.		13. Type		14. Type	1	15. Add Adu	ditional ults Arr.		. Additiona v. Arr.	il
1		1				1		€,	(८	1 28						
17. Address of Occurrence (Street No											18. Type o					
11532 Trailway Dr. Rivers	side Ca. 9	2505									Resid	ence				
For ID USE: V = Victim, I = Info	ormant, W = Wi	itness,	O = Other							9/1		<u> </u>				
19. ID: 20. Last Name - First - Middle	Firm Name if	Busines	s)						1		21. Race			22. DOB		
O1 DeVera, Antonio As	stria								20		P	- M		,		
23. Residence Address				24. Busi	ness or Sc	hool Addres	s		4,		25. Home	Phone		26. Bus. I	Phone	
11563 Trailway Dr. River	side Ca. 9	92505	5					(0)								
27. ID: 28. Last Name - First - Middle	e (Firm Name if	Busines	s)								29. Race	- Sex		30. DOB		
O2 Kawile, Melissa Aus	stria										P	- F	b.			
31. Residence Address				32. Busi	iness or Sc	hool Addres	SS		0		33. Home	Phone		34. Bus.	Phone	
11563 Trailway Dr. River	side Ca. 9	2505	5			16				,						
S 35. Last Name - First - Middle				36. Rac	e - Sex	37. Age	38. Ht.	39. Wt.	40. Hr.	41. Eyes	42. DOB or	· ID		43. Arres	ted	
s   See Initial					- 🙏					6	,			Yes	No	
P 44. Address - Clothing - Other N	Marks or Identify	ing Char	acteristics	1	0.0	L				0						
c				Q		1	$C_{i}$			0						
T   45. Juv: Other ( )		Juv. Ct.		) 5	Within		7	6	Detained	(	) 1	No	ot Detair	ned (	)	2
Disp: Juris.  S 46. Last Name - First - Middle	<u> </u>	Prob.	·	47. Rac	Dept. e - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or	r ID		54. Arres	sted	
U S			/8					00						Yes [	No	
P 55 Address Clathing Others	Marks or Identify	ing Char	acteristics			,			i	<u> </u>						
E 55. Address Clothing - Other N			$\vee$				2									
T Juv: Other		Juv. Ct.	<del>,</del>	) 5	Within		9	6	Detained		) 1	N	ot Detair	ned (	1	2
Disp: Juris.		Prob.			Dept.		,			,	<del></del>		- Dolan			
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Cat. A Currency Jewe	elry :. Met.	C Cloth	ing	E Equip.	. 10	F Camera		G Firearms		Household Goods	I Goods		J Live	stock	K Misc.	
No.65	-		V		0											
PS \$	,	\$		\$		\$		\$	\$		\$		\$		\$	
				62												
PP \$ \$		\$		\$		\$		\$	\$		\$		\$		\$	
			0.0			61 Origina	Offens	ses Changed	tto (Code	- Crime)				Stolen		
60. Originally Reported Offenses (Code	- Crime)		28.						710 (Code	- Crime)			1	Auto Value A	SP:	
(1)		0	1			(1) 187	7 P.C	<b>)</b>					59.	Recovered Auto		
(2)	1	16				(2)									A2 orting Offi	cer
62. Narrative of Supplemental Report	62a A	udio Re	cording Avail	able? No										1 .	ılo, E 1	
TOZ. Natrative of oupplemental Report	V.		<b>3</b>								% 3220			Re	e e e e e e e e e e e e e e e e e e e	у
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**RIVERSIDE POLICE DEPT.** INITIAL REPORT ADDITIONAL CONTACTS FILE NO. P11-068393 PAGE NO: 2 REPORTING OFFICER TYPE OF REPORT Angulo, E. #1084 187 P.C. Supplemental

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							-cc	NTACT INFORMA	(TION					
				FOR	CODE USE	V- Victim V	V- Witness	DC- Discovered Crime	RP- Rep	oorting Party P- P	arent O- Other			
Code		Name (Last, First, Middle)					1	Residence Address			0 4	Res. Phone		
O-3	Eusebio, Cheryl Anne					11547 Trailway D	r. Riv	erside Ca. 9	2505	I December 1				
Sex/Race	۱	leight 5-2	Weight 115	Hair BR	Eyes D BRO	D.O.B.	[	Business Address		2011	6	Bus. Phone		
If treated for injuries, by whom?						If hospitalize	d, where?		Date/Ti	me	Nature of injuries	.//		
	License	Number	S	tate	Color (Top/B	lottom)	Year	Make/Model/Type	S.	low was the vehicle	involved?	Veh. Stored?		
Veh Info		Name (Las	5 Final 86	diadala)			<u> </u>	Residence Address	(0)			Res. Phone		
Code O-4		Eusebi			a		1.	11547 Trailway E	r. Riv	erside Ca. 9	2505			
Sex/Race	ŀ		Weight	Hair	Eyes	D.O.B.		Business Address				Bus. Phone		
F/P		5-2	120	BR	O BRO							.]		
If treated for i	njuries,	by whom?				If hospitalize	d, where?		Date/Ti	me /	Nature of injuries			
	License	Number	s	State	Color (Top/E	Bottom)	Year	Make/Model/Type		How was the vehicle	involved?	Veh. Stored?  Yes No		
Veh Info		Name (Las	t First N	Aiddle)				Residence Address			)	Res. Phone		
Code O-5		Eusebi			nin			11547 Trailway D	r. Riv	erside Ca 9	2505			
Sex/Race		Height	Weight		Eyes	D.O.B.		Business Address		7		Bus. Phone		
F/P		5-2	128		O BRO					, U				
If treated for	njuries,	by whom?			<	If hospitalize	ed, where?	9	Date/T	ime /	Nature of injuries			
	License	Number	S	State	Color (Top/	Bottom)	Year	Make/Model/Type		How was the vehicle	involved?	Veh. Stored?		
Veh Info Code		Name (Las	st, First, N	Middle)	0			Residence Address	<u>-</u>			Res. Phone		
										200				
Sex/kace		Height	Weight	Hair	Eyes	D.O.B.		Business Address				Bus. Phone		
/	iniusios	by whom?				If hospitalize	ed where?	<del></del>	Date/T	ïme	Nature of injuries			
If treated for	injuries	by whom?	N/		- 0	ii nospitaliza	30, 11110101			1				
	Licens	Number	5	State	Color (Top/	Bottom)	Year	Make/Model/Type		How was the vehicle	e involved?	Veh. Stored?		
Veh Info Code		Name (Las	et Firet M	(albhiM	_	O		Residence Address				Res. Phone		
Code		Ivaille (Las	st, r ii st, ii	viidale)		0:								
Sex/Race	7	Height	Weight	Hair	Eyes	D.O.B.		Business Address				Bus. Phone		
If treated for	injuries	, by whom?			V.	If hospitalize	ed, where?		Date/T	īme /	Nature of injuries			
	Licene	e Number	<del>]</del> ,	State	Color (Top/	Bottom)	Year	Make/Model/Type	1	How was the vehicl	L e involved?	Veh. Stored?		
Veh Info	Licotto	o manibo.			, , ,	·						Yes No		
Code		Name (La	st, First, I	Middle)				Residence Address				Res. Phone		
Sex/Race		Height	Weight	Hair	Eyes	D.O.B.		Business Address				Bus. Phone		
/ If treated for	injurier	hy whom?				If hospitaliz	ed, where?		Date/	Time	Nature of injuries			
ii uealed for		3V								1	<u> </u>	Neb Steered?		
	Licens	e Number		State	Color (Top	(Bottom)	Year	Make/Model/Type		How was the vehic	e involved?	Veh. Stored? Yes No		
Veh Info Code		Name (La	ıst, First,	Middle)	1		<u> </u>	Residence Address				Res. Phone		
Sex/Race		Height	Weight	t Hair	Eyes	D.O.B.		Business Address				Bus. Phone		
/						If hospitaliz	red where?		Date/	Time	Nature of injuries			
If treated for	injurie	s, by whom?				ii nospitanz	.ou, wileie?	I Date / Time						
<b>–</b>	Licen	se Number		State	Color (Top	/Bottom)	Year	Make/Model/Type		How was the vehic	le involved?	Veh. Stored?  Yes No		
Veh Info										1		O 50 3/B3/00)		

## RIVERSIDE POLICE DEPT. INITIAL REPORT ADDITIONAL CONTACTS

PAGE NO: 2	<u>ź</u>				Α	DDITIONAL CONT.	ACTS			P11-068393	
DATE TYPE OF REPORT						antal Barart		12 N	REPORTING OFFICER Castaneda #1229		
<u></u>				<u>ა</u>	uppiem	ental Report	Casiane	ua #1443			
					-C	ONTACT INFORMA	ATION-				
		FO	R CODE USE	V- Victim	W- Witne	ss DC- Discovered Crime	RP- Rep	porting Party P- F	Parent O- Other		
Code	Name (Last, Fi					Residence Address	5.	Discount	CA	Res. Phone	
0/1	Savona,			T		11588 Trail Way	Drive,	Riverside	CA	Bus. Phone	
Sex/Race F / W		eight Hair 120 BR	O BRO	D.O.B.		Business Address				Dus. I Horie	
If treated for injuries		IZU  BN	OIBRO	If hospitaliz	zed, where?		Date/Tir	me	Nature of injuries		
	, ,							1			
Licens	se Number	State	Color (Top/I	Bottom)	Year	Make/Model/Type	S.	low was the vehicle	e involved?	Veh. Stored? Yes No	
Veh Info Code	Name (Last, F	iret Middle)		_		Residence Address	1			Res. Phone	
O/2	Esmail, A					11582 Trail Way	Drive				
		eight Hair	Eyes	D.O.B.		Business Address	,	- (24)	0-	Bus. Phone	
F / O	5-04	130 BL	K BRO								
If treated for injuries	s, by whom?			If hospitaliz	zed, where		Date/Ti	me	Nature of injuries		
Licens	se Number	State	Color (Top/	l Battom)	Year	Make/Model/Type	I.	How was the vehicle	le involved?	Veh. Stored?	
Veh Info	e Hamber	Olako	00,0. (10,0						0	Yes No	
Code	Name (Last, F	irst, Middle)				Residence Address	1)	0		Res. Phone	
	ļ		- I=	lana 4		Dusianas Addissa		. 2-		Bus, Phone	
Sex/Race	Height We	eight Hair	Eyes	D.O.B.		Business Address		8			
/ If treated for injuries	s, by whom?			If hospitali	zed, where?		Date/Ti	ime	Nature of injuries		
	20 mm		<	0		(5)	KV			1.1.1.2	
Licens	se Number	State	Color (Top/	Bottom)	Year	Make/Model/Type		How was the vehic	le involved?	Veh. Stored? Yes No	
Veh Info	Name (Last, F	iret Middle)	CY		14.7	Residence Address				Res. Phone	
Code	Valenzue				10	11587 Stream P	oint Di	rive, Rivers	ide		
St. Je		eight Hair	Eyes	D.O.B.		Business Address				Bus. Phone	
F/H	5-03	135 BR	O BRO				<del>- 1</del> -		Notes of the state		
If treated for injuries	s, by whom?			If hospitali	zed, where	?	Date/T	ime /	Nature of injuries		
Licare	se Number	State	Color (Top/	Bottom)	Year	Make/Model/Type		How was the vehic	le involved?	Veh. Stored?	
Veh Info	se raumber	June	Odior (Tapi	Domain,		,				Yes No	
Code	Name (Last, F	irst, Middle)		N		Residence Address		. 5:	*.r.	Res. Phone	
O/4 Sex/Race	Valenzuela, Juan Height Weight Hair Eyes D.O.B.					11587 Stream P	oint D	rive, Rivers	side	Bus. Phone	
		eight Hair 200 BF	Eyes RO BRO	D.O.B.		Business Address				Basi Misha	
M / H  If treated for injuries	5-11 s by whom?	200  DI	CIBRO		ized, where	?	Date/T	ime	Nature of injuries		
., a succession injurior			VA						<u></u>	Van Die de	
Licens	se Number	State	Color (Top	(Bottom)	Year	Make/Model/Type		How was the vehic	de involved?	Veh. Stored? Yes No	
Veh Info	Nome (I set 5	iret Middia	<u> </u>			Residence Address		<u> </u>		Res. Phone	
Code C/5	Name (Last, F					11587 Stream P	oint D	rive, Rivers	side		
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F / H	5-03	120 BF	RO BRO				1		Notice of integer		
If treated for injurie	s, by whom?			If hospital	ized, where	?	Date/I	ıme /	Nature of injuries		
1:	se Number	State	Color (Top	/Bottom)	Year	Make/Model/Type		How was the vehi	t cle involved?	Veh. Stored?	
Veh Info	as Mailine	State	Coror (10p							Yes No	
Code	Name (Last, F	irst, Middle)	<u> </u>			Residence Address				Res. Phone	
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Sex/Race	Height W	/eight Hair	Eyes	D.O.B.		Business Address					
If treated for injurie	as by whom?			If hospita	lized, where	)?	Date/	Time	Nature of injuries		
n a bacou for injurie	e, of months									Mah 0440	
Licen	nse Number	State	Color (Top	/Bottom)	Year	Make/Model/Type		How was the vehi	cle involved?	Veh. Stored?  Yes No	
Veh Info		- 1						l			